

ART. XV.—*Complete Inversion and Expulsion of the Uterus.* By THOMAS H. YARDLEY, M. D., Consulting Physician to the Lying-in Department of the Northern Dispensary of Philadelphia, &c.

AT five o'clock P. M., Jan. 5th, I found on my slate a message, requesting my immediate attendance on Mrs. H—, a lady whom I had engaged to attend in her accouchement. I hastened to her residence, where I learned she was alarmingly ill; that she had been delivered of the child for at least two hours; that the afterbirth had not yet come away, and that she had fainted repeatedly.

I found her lying across the foot of the bed, entirely pulseless, skin cold and clammy, and her voice nearly inaudible. Her attendants were in great consternation, and one of them sat at the foot of the bed, holding on to the cord, for the purpose, as she said, of preventing it from "going up." I directed some brandy and water to be given her immediately, and on passing my finger along the cord, I came in contact with a large solid body, which I at first thought was another foetus protruding from the vagina; but a very slight examination satisfied me it was the placenta, attached to the inverted uterus, which had passed entirely out of the vulva.

I immediately separated the placenta, which was very slightly adherent, and then placing my fingers in a conical position, I pressed them against the middle of the inverted uterus, and returned it to its proper position with facility. Another difficulty now presented itself: the uterus did not manifest the slightest disposition to contract, and was so flaccid that I felt satisfied it would not retain its position if I withdrew my hand; I therefore kept it in the cavity of the uterus, and gently irritated its internal surface. The hemorrhage was very slight; but the patient was already pulseless, and the attendants so much alarmed as to afford very little assistance.

I directed stimulating frictions to be made to the extremities, and sent one messenger for my friend Dr. Janney, and another for some vinous tincture of ergot, which I gave in doses of a teaspoonful every ten minutes, with a tablespoonful of brandy and water.

I retained my hand in the uterus half an hour before I felt the slightest contractions; they then came on, at short intervals, with increasing strength; and, after Dr. Janney arrived, we considered it safe to withdraw my hand. Dr. Janney placed his hand on the abdomen, and satisfied himself that the uterus continued to contract; the patient, however, continued so ill, that he gave me his valuable assistance for two hours, during which time we plied her freely with brandy, camphor, carbonate of ammonia, and other stimulants, and applied cloths wrung out of hot capsicum and turpentine to her extremities. Under this treatment, she gradually rallied; but it was not till after midnight that I considered her sufficiently revived to leave her.

Her convalescence was tedious, but perfect; and the child did well, though there was not the slightest secretion of milk.

I am aware that many authors of merit recommend that the uterus should be reverted before the placenta is detached; and this is no doubt proper practice where the uterus is within the vagina. But where an unusually large placenta, as in this case, has passed entirely out of the os externum, I think it would be a difficult task to force it back again, and further, as I doubt the propriety of making the attempt, particularly as I am not aware of any evil having resulted from first separating the placenta; and in many cases in which it has been at-

tempted to replace the uterus with the adherent placenta, it was found impossible to succeed. Professor Meigs, in his recent work on obstetrics, records a case in which both he and the late Professor James tried without effect—and I am sure that no one acquainted with these gentlemen could doubt their skill and perseverance;—but they were compelled to detach the placenta before they could replace the uterus.

What influence traction of the cord had in this case, I am unable to determine. The patient was an exceedingly delicate woman; this was her second accouchement, and she had recently undergone much bodily fatigue, and mental anxiety and depression, in consequence of the illness of her husband, who had died a few weeks previously of phthisis. She had taken a dose of oil in the morning, which operated freely, and so rapid was her labour, that she had barely time to get on the bed before the child was born.

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ART. XVI.—*Two Cases of Spontaneous Luxation of the Hip Joint.* By HENRY A. RAMSAY, M.D., Raysville, Ga.

I AM aware that luxation of the hip joint spontaneously is not without precedent; but the following cases offer some points of departure from the general course of such accidents, which have induced me to present them in a succinct form before the profession. Both of the following cases occurred in the same family, and were of peculiar interest to me, notwithstanding they produced painful impressions, owing to their intractability and utter hopelessness of relief.

The *first case* was in a small lad, six years of age; his temperament was phlegmatic, his muscles soft and flabby; his health was not greatly impaired until within a few weeks previous to his demise. His father died with consumption; his mother is a hale, hearty woman, and not predisposed to any scrofulous disease. When he was about four years of age, his parotids were tumefied, as I was informed; he was supposed to be scrofulous by the physician who then attended him; I learn that he had some ulcerations of that character; he, however, recovered from these, and seemed to be in very good health up to the month of January, 1847. About this period, without complaining of any pain, or without any symptoms of previous swelling or ulceration about the joint, he began to limp. I was called in a few weeks subsequent. I found him running to and fro about the house, quite *lively, cheerful, and playful*; he was limping very considerably, but had no expression of pain, nor did his countenance exhibit any. Upon a minute examination of the joint, I found no tenderness upon pressure, and but little upon rotation; there was no swelling of the inguinal glands, nor was there any wasting of the nates. The limb was very considerably shorter than the other; the toes rested upon the instep of the opposite foot; the heel was elevated, the knee turned inwards, and the head of the bone could be distinctly felt upon the dorsum of the ilium. The patient continued in this situation for several months, running about the yard, playing with the other children, until a few weeks prior to his decease. During the time, his grandfather, on account of